

CLAIMS ONLY							Application Number <u>10 814 710</u>		Filing Date			
							Applicant(s)					
							* May be used for additional claims or amendments					
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT							
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	/		/				51		/			
2		/		/			52		/			
3		/		/			53		/			
4		/		/			54		/			
5		/		/			55		/			
6		/		/			56		/			
7		/		/			57		/			
8		/		/			58		/			
9		/		/			59		/			
10		/		/			60		/			
11		/		/			61		/			
12		/		/			62		/			
13		/		/			63		/			
14		/		/			64					
15		/		/			65					
16		/		/			66					
17		/		/			67					
18		/		/			68					
19		/		/			69					
20		/		/			70					
21		/		/			71					
22		/		/			72					
23		/		/			73					
24		/		/			74					
25		/		/			75					
26		/		/			76					
27		/		/			77					
28		/		/			78					
29		/		/			79					
30		/		/			80					
31		/		/			81					
32		/		/			82					
33		/		/			83					
34		/		/			84					
35		/		/			85					
36		/		/			86					
37		/		/			87					
38		/		/			88					
39		/		/			89					
40		/		/			90					
41		/		/			91					
42		/		/			92					
43	/		/				93					
44		/		/			94					
45		/		/			95					
46		/		/			96					
47		/		/			97					
48		/		/			98					
49		/		/			99					
50		/		/			100					
Total Indep							Total Indep					
Total Depend							Total Depend					
Total Claims							Total Claims					